

# YOUTH SHELTER CARE

**Parent** COMMUNITY COUNSELING & CORRECTION SERVICES **Phone:** (406) 782-0417  
**Director Name:** CAROL KOVACICH **Title:** DIRECTOR  
**Parent Address:** 471 EAST MERCURY BUTTE MT 59701 **800 #:**  
**Facility Name:** DISCOVERY HOUSE SHELTER CARE **Facility Phone Number:**  
**First Name:** CAROLE **Last** KOVACICH **Title:** FACILITY DIRECTOR  
**Contact:** **Last** **Title:**  
**Address:** 65 SHEEP GULCH ROAD ANACONDA MT 59711- **Region** DEER LODGE  
**Facility Type:** YOUTH SHELTER CARE **Code:** YSC  
**Number of** 9 **Age** 10-18 **Gender** MALE OR FEMALE  
**Facility License** 25832-01 **Expires:** 3/31/2016 **Licensing** STEPHANIE GALLE

**Parent** GREAT FALLS RECEIVING HOME **Phone:** (406) 727-4843  
**Director Name:** CARRIE GALVEZ **Title:** DIRECTOR  
**Parent Address:** PO BOX 1061 GREAT FALLS MT 59403-1061 **800 #:**  
**Facility Name:** GREAT FALLS RECEIVING HOME **Facility Phone Number:** (406) 727-4843  
**First Name:** **Last** **Title:**  
**Contact:** **Last** **Title:**  
**Address:** 20 44TH STREET SOUTH GREAT FALLS MT 59405- **Region** CASCADE  
**Facility Type:** YOUTH SHELTER CARE **Code:** YSC  
**Number of** 14 **Age** 0-17 **Gender** MALE & FEMALE  
**Facility License** 7531-01 **Expires:** 4/30/2016 **Licensing** TRACY JOHNSON

**Parent** TED LECHNER YOUTH SERVICES CENTER **Phone:** (406) 256-6825  
**Director Name:** VALARIE WEBER **Title:** DIRECTOR  
**Parent Address:** 410 S 26TH ST BILLINGS MT 59101 **800 #:**  
**Facility Name:** TED LECHNER YOUTH SERVICES CENTER **Facility Phone Number:** (406) 256-6825  
**First Name:** VALARIE **Last** WEBER **Title:** DIRECTOR  
**Contact:** **Last** **Title:**  
**Address:** 410 S 26TH STREET BILLINGS MT 59101- **Region** YELLOWSTONE  
**Facility Type:** YOUTH SHELTER CARE **Code:** YSC  
**Number of** 16 **Age** 12-17 **Gender** MALE & FEMALE  
**Facility License** 6251-01 **Expires:** 6/30/2016 **Licensing** TRACY JOHNSON

**Parent**                      **WATSON CHILDRENS SHELTER**                      **Phone:** (406) 549-0058  
**Director Name:**      FRAN                      ALBRECHT                      **Title:** EXECUTIVE DIRECTOR  
**Parent Address:**      4978 BUCKHOUSE LANE                      MISSOULA                      MT                      59804-2439                      **800 #:**  
**Facility Name:**      **BUCKHOUSE**                      **Facility Phone Number:** (406) 830-3322  
**First Name:**      DEBORUAH                      **Last**                      BAYLOR                      **Title:** FACILITY DIRECTOR  
**Contact:**                      **Last**                      **Title:**  
**Address:**                      4978 BUCKHOUSE LANE                      MISSOULA                      MT                      59804-                      **Region** MISSOULA  
**Facility Type:**      YOUTH SHELTER CARE                      **Code:** YSC  
                    **Number of**                      16                      **Age**                      0-14                      **Gender** MALE & FEMALE  
**Facility License**                      3434-003                      **Expires:** 6/30/2016                      **Licensing**                      DEBRA UNRUH

**Parent**                      **WATSON CHILDRENS SHELTER**                      **Phone:** (406) 549-0058  
**Director Name:**      FRAN                      ALBRECHT                      **Title:** DIRECTOR  
**Parent Address:**      4978 BUCKHOUSE LANE                      MISSOULA                      MT                      59804                      **800 #:**  
**Facility Name:**      **FORT MISSOULA**                      **Facility Phone Number:**  
**First Name:**      DEBORUAH                      **Last**                      MADONNA                      **Title:** FACILITY DIRECTOR  
**Contact:**                      **Last**                      **Title:**  
**Address:**                      4978 BUCKHOUSE LANE                      MISSOULA                      MT                      59804-                      **Region** MISSOULA  
**Facility Type:**      YOUTH SHELTER CARE                      **Code:** YSC  
                    **Number of**                      16                      **Age**                      0-14                      **Gender** MALE OR FEMALE  
**Facility License**                      3431-002                      **Expires:** 6/30/2016                      **Licensing**                      DEBRA UNRUH

**Parent**                      **YOUTH HOMES**                      **Phone:** (406) 721-2704  
**Director Name:**      GEOFFREY                      BIRNBAUM                      **Title:** DIRECTOR  
**Parent Address:**      PO BOX 7616                      MISSOULA                      MT                      59807-                      **800 #:**  
**Facility Name:**      **FLATHEAD YOUTH SHELTER HOME**                      **Facility Phone Number:** (406) 755-4622  
**First Name:**      LANCE                      **Last**                      ISSAK                      **Title:** CONTACT  
**Contact:**                      **Last**                      **Title:**  
**Address:**                      825 E OREGON                      KALISPELL                      MT                      59903-                      **Region** FLATHEAD  
**Facility Type:**      YOUTH SHELTER CARE                      **Code:** YSC  
                    **Number of**                      8                      **Age**                      10-17                      **Gender** MALE & FEMALE  
**Facility License**                      7001-07                      **Expires:** 7/31/2016                      **Licensing**                      DEBRA UNRUH

**Parent** YOUTH HOMES **Phone:** (406) 721-2704  
**Director Name:** GEOFFREY BIRNBAUM **Title:** DIRECTOR  
**Parent Address:** PO BOX 7616 MISSOULA MT 59807 **800 #:**  
**Facility Name:** LINDA MASSA YOUTH SHELTER CARE **Facility Phone Number:** (406) 363-0619  
**First Name:** ANNA **Last** GREEN **Title:** FACILITY DIRECTOR  
**Contact:** **Last** **Title:**  
**Address:** 196 PROVIDENCE WAY HAMILTON MT 59840- **Region** RAVALLI  
**Facility Type:** YOUTH SHELTER CARE **Code:** YSC  
**Number of** 8 **Age** 10-17 **Gender** MALE & FEMALE  
**Facility License** 7001-11 **Expires:** 6/30/2016 **Licensing** DEBRA UNRUH

**Parent** YOUTH HOMES **Phone:** (406) 721-2704  
**Director Name:** GEOFFREY BIRNBAUM **Title:** DIRECTOR  
**Parent Address:** PO BOX 1717 HELENA MT 59624 **800 #:**  
**Facility Name:** MARGARET STUART **Facility Phone Number:** (406) 443-2145  
**First Name:** **Last** **Title:**  
**Contact:** **Last** **Title:**  
**Address:** 200 MILLER ST HELENA MT 59601- **Region** LEWIS & CLARK  
**Facility Type:** YOUTH SHELTER CARE AND YOUTH GROUP HOME **Code:** YSC  
**Number of** 8 **Age** 11-18 **Gender** MALE & FEMALE  
**Facility License** 7001-15 **Expires:** 3/31/2016 **Licensing** STEPHANIE GALLE

**Parent** YOUTH HOMES **Phone:** (406) 721-2704  
**Director Name:** GEOFFREY BIRNBAUM **Title:** DIRECTOR  
**Parent Address:** PO BOX 7616 MISSOULA MT 59807- **800 #:**  
**Facility Name:** SHIRLEY MILLER ATTENTION HOME **Facility Phone Number:** (406) 549-3836  
**First Name:** DANIEL **Last** CORRADINI **Title:** MANAGER  
**Contact:** **Last** **Title:**  
**Address:** 550 N CALIFORNIA STREET MISSOULA MT 59802- **Region** MISSOULA  
**Facility Type:** YOUTH SHELTER CARE **Code:** YSC  
**Number of** 12 **Age** 10-17 **Gender** MALE & FEMALE  
**Facility License** 7001-05 **Expires:** 6/30/2016 **Licensing** DEBRA UNRUH